

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3			/					53					
4				/				54					
5	/							55					
6		/						56					
7	/							57					
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18		/						68					
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38		/						88					
39			/					89					
40		/						90					
41			/					91					
42				/				92					
43					/			93					
44						/		94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	10							TOTAL IND.					
TOTAL DEP.	34							TOTAL DEP.					
TOTAL CLAIMS	44							TOTAL CLAIMS					